



1/For

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

8-5-2005
Date

Anna M. Matthews
Anna M. Matthews

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	:	10/784,594	Confirmation No.: 8292
Applicant	:	Harold C. Ockerse et al.	
Filed	:	February 23, 2004	
TC/A.U.	:	3661	
Examiner	:		
Docket No.	:	GEN10 P-433A	
Customer No.	:	028,469	

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL

Dear Sir:

Transmitted herewith is a Preliminary Amendment. The items checked below are appropriate.

- Applicant hereby petitions for an extension of time to respond to the above Office Action. The fee of \$ _____ for the _____-month extension is enclosed.
- Other enclosures: _____.

Any fee for additional claims has been calculated as shown below:

Applicant : Harold C. Ockerse et al.
 Appln. No. : 10/784,594
 Page : 2

CLAIMS AS AMENDED

					Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	106	Minus	106	= 0	x \$25	\$	x \$ 50	\$0
Ind. Claims	17	Minus	17	= 0	x \$100	\$	x \$200	\$0
First Presentation of Multiple Dependent Claims					x \$180	\$	x \$360	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$		\$	\$0

EACH ADDITIONAL GROUP OF 50 PAGES THAT EXCEEDS 100 PAGES

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amd.		Highest No. of Groups Previously Paid	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus		=	x \$125	\$	X \$250	\$0

Applicant : Harold C. Ockerse et al.
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1. Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. No additional fee is required.
3. A check in the amount of \$ _____ is attached to cover the cost of the additional claims added by this response.
4. A check in the amount of \$ _____ is attached to cover the application size fee.
5. A fee of \$ _____ to cover Petition for Extension of Time is enclosed.
6. Other: _____.

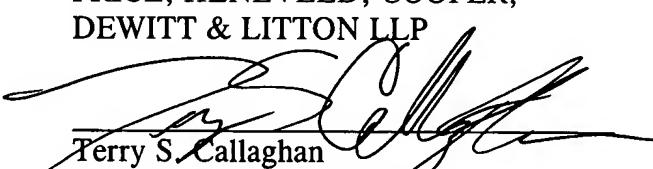
Please charge any additional fees or credit overpayment to Deposit Account No.

16-2463. A duplicate copy of this sheet is attached.

Respectfully submitted by,

PRICE, HENEVELD, COOPER,
DEWITT & LITTON LLP

8-5 ~05
Date


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TSC/amm



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P.O. Box 1450
Alexandria, Virginia 22313-1450

PRELIMINARY AMENDMENT

Dear Sir:

Please amend the above referenced application as follows.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 7 of this paper.

Remarks begin on page 32 of this paper.